## PART B - FEE(S) TRANSMITTAL

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|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                   |                                                                                         | *                                                                                                                                                                                                                                                                                                                                                     | (4.1.                                                                                                                  | ., -,                                                                                                                                                                                                                                                                                        |                                                    |                                                                                                               |                                                                                                                                                      |  |
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| INSTRUCTIONS: This appropriate. All further indicated unless corrected maintenance fee notifical                                                                                                                                                                                                                                                                       | form should be used in<br>correspondence including<br>d below or directed off                                                              | or tran<br>og the l<br>rerwise                    | smitting the ISSU<br>Patent, advance or<br>in Block I, by (a                            | IE FEE and PUBLIC<br>ders and notification<br>) specifying a new co                                                                                                                                                                                                                                                                                   | of m                                                                                                                   | ON FEE (if requi<br>aintenance fees woondence address;                                                                                                                                                                                                                                       | red). Bi<br>vill be n<br>and/or                    | locks I through 5 shailed to the current (b) indicating a sepa                                                | hould be completed where<br>correspondence address as<br>trate "FEE ADDRESS" for                                                                     |  |
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| 26021                                                                                                                                                                                                                                                                                                                                                                  | 7590 10/08                                                                                                                                 | /2008                                             |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       | 11440                                                                                                                  |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               | i-nin n                                                                                                                                              |  |
| HOGAN & HA<br>1999 AVENUE<br>SUITE 1400                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            | I her<br>State<br>addre<br>trans                  | eby certify that this Postal Service wassed to the Mail mitted to the USP               | is Fee(s<br>vith suff<br>Stop I<br>TO (571                                                                                                                                                                                                                                                                                                            | of Mailing or Transi<br>) Transmittal is being<br>icient postage for firs<br>SSUE FEE address<br>) 273-2885, on the di | deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>ate indicated below.                                                                                                                                                                               |                                                    |                                                                                                               |                                                                                                                                                      |  |
| LOS ANGELES, CA 90067                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       | Reynaldo F. Gallardo                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                    | do                                                                                                            | (Depositor's name)                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       | man.                                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               | (Signature)                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Xovember 1                                                                                                                                                                                                                                                                                   | 7, 200                                             | 8                                                                                                             | (Date)                                                                                                                                               |  |
| APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                   | <u>,</u>                                                                                | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                                              | ATTORNEY DOCKET NO.                                |                                                                                                               | CONFIRMATION NO.                                                                                                                                     |  |
| 10/560,333                                                                                                                                                                                                                                                                                                                                                             | Hiroshi Nakazato 88522.0038                                                                                                                |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | 4622                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                               |                                                                                                                                                      |  |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                     | 12/09/2005<br>: IMAGE FORMING A                                                                                                            | PPARA                                             | TUS AND METH                                                                            | IOD INCLUDING CA                                                                                                                                                                                                                                                                                                                                      | NCE                                                                                                                    | ELING A POWER                                                                                                                                                                                                                                                                                | SAVE                                               | MODE                                                                                                          | ,                                                                                                                                                    |  |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                                                               | 1\$                                               | SUE FEE DUE                                                                             | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                                     | UE                                                                                                                     | PREV. PAID ISSUI                                                                                                                                                                                                                                                                             | e fee                                              | TOTAL FEE(S) DUE                                                                                              | DATE DUE                                                                                                                                             |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                                         | L                                                 | \$1510                                                                                  | \$300                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | \$0                                                                                                                                                                                                                                                                                          |                                                    | \$1810                                                                                                        | 01/08/2009                                                                                                                                           |  |
| EXAMINER ART UNI                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                   | ART UNIT                                                                                | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| WONG, JOSEPH \$ 2852                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                   |                                                                                         | 399-088000                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                                                            |                                                   |                                                                                         | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                   |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                     | ND RESIDENCE DATA                                                                                                                          | а то в                                            | E PRINTED ON                                                                            | THE PATENT (print o                                                                                                                                                                                                                                                                                                                                   | r typ                                                                                                                  | e)                                                                                                                                                                                                                                                                                           |                                                    |                                                                                                               |                                                                                                                                                      |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| SEIKO EPS                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            | -                                                 | APAN                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government                                                                                                                                                                                                |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| 4a. The following fec(s) are submitted:    Issue Fee   See   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies 4                                                                                                                                                                                                                      |                                                                                                                                            |                                                   |                                                                                         | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1314 (enclose an extra copy of this form). |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                                                                                                                | tus (from status indicate                                                                                                                  | d above                                           | 2)                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer NOTE: The Issue Fee and Publication Fee (If required) will not be described from anyone other than the                                                                                                                                                                            |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                              | istered a                                          | tiomey or agent; or the                                                                                       | ne assignee or other party in                                                                                                                        |  |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                                                                                                                                        | records of the United St                                                                                                                   | ates Pat                                          | ent and Trademark                                                                       | Office.                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                               |                                                                                                                                                      |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Date                                                                                                                                                                                                                                                                                         | Noven                                              | nber 17, 2008                                                                                                 |                                                                                                                                                      |  |
| Typed or printed nam                                                                                                                                                                                                                                                                                                                                                   | e Troy M. Schn                                                                                                                             | nelzer                                            |                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Registration 1                                                                                                                                                                                                                                                                               |                                                    |                                                                                                               |                                                                                                                                                      |  |
| This collection of informan application, Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, \                                                                                                                                                                                                                                             | ation is required by 37 (<br>tiality is governed by 35 and application form to the<br>ons for reducing this but<br>(irginia 22313-1450. DO | OFR 1.3<br>5 U.S.C<br>e USPT<br>orden, s<br>O NOT | 11). The information 122 and 37 CFR O. Time will vary hould be sent to the SEND FEES OR | on is required to obtain  1.14. This collection depending upon the c Chief Information C COMPLETED FORM                                                                                                                                                                                                                                               | or o                                                                               | etain a benefit by t<br>imated to take 12<br>idual case. Any co<br>r, U.S. Patent and<br>THIS ADDRESS                                                                                                                                                                                        | the publ<br>minutes<br>omment<br>Tradem<br>S. SENI | ic which is to file (and to complete, includir s on the amount of the ark Office, U.S. Dep.) TO: Commissioner | d by the USPTO to process)<br>ag gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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